

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <span style="font-size: 1.2em;">675165</span>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		05					66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23		1					73						
24							74						
25			1				75						
26			1				76						
27				1			77						
28					1		78						
29							79						
30							80						
31							81						
32							82						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		6				TOTAL IND.						
TOTAL DEP.	33		34				TOTAL DEP.						
TOTAL CLAIMS	37		40				TOTAL CLAIMS						